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MILITARY FAMILY VIOLENCE AND VIOLENCE AGAINST WOMEN: QUALITATIVE DATA

by

STEVE FLEMMING
SUSAN TRUSCOTT
AND
JOHN VERDON

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Recommended by: _____ Approved by _____

This Report does not necessarily represent the official views of the Canadian Department of National Defence.

OTTAWA, CANADA

OCTOBER 1997

ABSTRACT

At the request of the Senior Committee on Family Violence and Violence Against Women, the Directorate of Social and Economic Analysis conducted a study on family violence and violence against women in the CF. The findings of the study are contained in two reports. The first explored causes and statistical incidence of violence in the CF through a review of published literature and of existing studies and sources of quantitative data (ORD Report 9602, "Military Family Violence and Violence Against Women: Causes and Incidence", November 1996). In this, the second report, qualitative evidence gathered through interviews with personnel from NDHQ and a selection of Bases who have key roles in identifying and dealing with violence among CF personnel and their families is presented.

RÉSUMÉ

Á la demande du Comité principal sur la violence familiale et la violence faite aux femmes, le Directeur de l'analyse socio-économique a mené une enquête sur la violence familiale et la violence faite aux femmes dans les Forces canadiennes (FC). Les résultats de l'enquête sont contenus dans deux rapports. Dans le premier rapport, les causes et la fréquence d'actes violents au sein des FC sont examinées à travers la révision des documents publiés, des études existantes et des sources de données quantitatives sur le sujet (ORD Report 9602, "Violence au sein des familles militaires et violence faite aux femmes: Causes et fréquences", Novembre 1996). Le deuxième rapport met en lumière les caractéristiques qualitatives du problème grâce aux entrevues menées auprès du personnel du QGDN et de quelques bases choisies en fonction du rôle important qu'elles jouent dans l'identification et le traitement des cas de violence parmi le personnel des FC et leurs familles.

EXECUTIVE SUMMARY

A Senior Committee on Family Violence and Violence Against Women (SCFV/VAW) was established in DND to oversee all initiatives in these areas in the CF. The Senior Committee tasked the Directorate of Social and Economic Analysis (DSEA) in December 1994 to conduct a study accomplishing the following: identify the nature and rate of violence in the CF community using existing data sources; examine the causes of violence; assess the manner in which DND collects and disseminates information in this area; and assemble relevant existing Canadian and international studies of military family violence and violence against women.

The results of the DSEA study are presented in two reports. The first examined all statistical data and data sources and explored causes of violence identified in published literatures and studies. In this, the second report, the findings generated from a series of more than 40 intensive interviews conducted with experienced CF service providers are summarized. Interviews were conducted at NDHQ, CFSU Ottawa, CFB Trenton, CFB Halifax, and CFB Gagetown in 1995.

The aim of this data collection was to acquire and assemble input from CF personnel with extensive day-to-day and policy-making experience in the family violence and violence against women domain. Their perspectives are contained in this report, and provide a portrait of:

- The dimensions of the violence problem in the contemporary CF;
- How the CF responds to violent incidents;
- Weaknesses in the CF response; and
- How the provision of services can be improved.

No clear consensus emerged among respondents on the extent or intensity of violence presently found in the military community. Rather, respondents identified critical military factors which serve to either increase the likelihood of violence among personnel and their families (such as spousal separations; stress; the military pay freeze and difficulties obtaining employment for civilian spouses, etc.) or reduce it (decreased tolerance of alcohol abuse; greater awareness of the problem; improved personnel screening; etc.). The process through which violent incidents come to light is found to be complex, with an unknown proportion being hidden and the remainder being reported through a multitude of agencies and authorities, both military and civilian. While there are strengths in the manner in which the CF deals with violence, respondents identify a range of crucial barriers to the effective delivery of services and, ultimately, in the reduction of the rate of violence.

The dominant weakness identified by respondents to this study is **Poor Coordination of Response**, in which agencies and offices are often unable to act in concert to ensure appropriate resources are directed at a problem. Doubts regarding the **Quality of Civilian Services** in responding to problems among military personnel and their families are also key, as is the continuing **Fear of Retribution in Reporting Violence** on the part of some spouses and military women. A series of recommendations are identified (without cost estimates) to stimulate new approaches to the manner in which the CF deals with this problem.

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ACKNOWLEDGMENTS

Research of this nature is impossible without considerable assistance from personnel in many units. On behalf of the Senior Committee and the research team our thanks are extended to all the personnel (see Annex A) who participated in interviews and provided data in support of this study.

MILITARY FAMILY VIOLENCE AND VIOLENCE AGAINST WOMEN: QUALITATIVE DATA

INTRODUCTION

1. Violence in Canadian families and violence against women have been the focus of extensive research attention following a 1991 Federal Government inter-departmental initiative. A Senior Committee on Family Violence and Violence Against Women (SCFV/VAW) was established in DND to oversee all initiatives in the area within the CF. As in all other sectors of Canadian society, violence among personnel and their families is profoundly destructive. The Senior Committee tasked the Directorate of Social and Economic Analysis (DSEA) in December 1994 to conduct a study accomplishing the following:

a. obtain a picture of the incidence of reported family violence and violence against women in the CF based on Departmental data sources;

b. identify known causal factors of family violence and violence against women;

c. assess Departmental strategies of collecting and sharing information on family violence and violence against women, and

d. identify and collate Canadian and non-Canadian studies of military family violence and violence against women.

2. This is the second of two reports that present the results of the completed study. The

first, published under separate cover[1], explored causes and statistical incidence of violence in the CF through a review of published literature and of existing studies and sources of quantitative data. This report describes qualitative evidence gathered through interviews with personnel from NDHQ and a selection of Bases who have key roles in identifying and dealing with violence among CF personnel and their families. The emphasis in the first report was on documenting the available evidence on how much violence is prevalent in the CF and reviewing the data and findings from existing studies, including the open literature. The research reported here was devoted to identifying the views and experiences of DND and CF personnel who deal with the problem of violence, both in developing policy and in implementing it, on a day-to-day basis among CF personnel and their families. In the sections that follow, this report reviews the incidence of violence and the processes through which it is identified; describes the agencies and resources in place to deal with violence; identifies weaknesses in service provision; and makes a set of recommendations.

3. As a result of this qualitative focus this report does not offer statistical estimates of the incidence of the problem, and it similarly does not consider academic and other debates. These are found in detail in the first report. Instead, it captures the observations and recommendations for change among personnel at all levels who see and deal with the problem. Essentially, the research asked these experienced personnel to assist in the discovery of answers to the following questions: what are the dimensions of the violence problem as it exists at present; how does the "system" respond; what are the weaknesses in that response; and what solutions would help reduce the incidence of violence in the military community and improve the manner in which the CF deals with problems after they occur.

BACKGROUND

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[1] Truscott, S. and T. Wait. "Military Family Violence and Violence Against Women: Causes and Incidence". ORD Report 9602. November, 1996.

4. A detailed description of the background of both the Senior Committee and this research are contained in the first report. In sum, DSEA has conducted the study to support the immediate information requirements of the Committee. In the short term, the data and findings are to be employed in the implementation of the new Canadian Forces Administrative Order (CFAO) on family violence and violence against women. The study and the CFAO are phased stages in the Senior Committee's approach to the problem of violence.

METHODOLOGY

5. The techniques selected to collect the views of personnel who deal with violent incidents and their resolution were driven by the nature of the problem itself. It cuts across all sectors of the Department and the CF. It rarely occurs in public or in the open within a unit. It has multiple key dimensions: legal; moral; social psychological; health; unit cohesion and effectiveness, and others, and as such is not the province of a single office, agency or commander.

6. A semi-structured intensive interview schedule was designed and administered (see Chirban: 1996 and Merton et al: 1956) to more than 40 personnel at NDHQ, CFSU Ottawa, CFB Gagetown, CFB Trenton, and CFB Halifax in 1995. This strategy was selected in order to maximize the range and scope of information and ideas from a diverse population of respondents. Personnel with responsibilities or duties in dealing with violence at all levels were included in the study, including: Base and Unit Commanders, Base Administration Officers, Social Work Officers, Personnel Selection Officers, Military Police, Chaplains, Medical Officers, personnel at Military Family Resource Centres, personnel in relevant NDHQ directorates, and others in a position to provide insights into the problem. Interviews ranged in length from 40 minutes to two hours. A complete list of respondents is attached as Annex A to this report.

7. The interview schedule was developed using the definition of violence selected for the wider study. The definition includes both violence and abuse, and it must be noted at the outset that there is no wide consensus on what acts or incidents constitute family violence and/or abuse and violence/abuse against women. For the purposes of this study, the definition employed in CFAO 19-42 was used as a guide:

> "(family violence and abuse) means the use or threatened use of physical force or other maltreatment including, but not limited to, assault, sexual assault, verbal abuse, or neglect, which is directed at a spouse, as defined in QR&O 1.074 and 1.075, a child, a parent, or other relative who normally resides with or is under the care of the perpetrator, and which might reasonably be expected to be detrimental to her or his physical and/or mental being."

8. A final note of caution is necessary before presenting the findings drawn from the interviews. The information and recommendations which follow represent, as closely as possible, the considered views of experienced personnel. They are provided in order to illuminate aspects of the violence problem in as much detail as possible. They do not represent policy or program decisions, and should be read solely as observations and proposals for change offered by the respondents.

MILITARY FAMILY VIOLENCE AND VIOLENCE AGAINST WOMEN - INCIDENCE AND PROCESSES

9. As we noted earlier in the report, our focus here is on violence in the CF and in CF military families from the perspective of experienced service personnel who work with

the problem. The first report in the study contains extended descriptions of the wider (non-military) problem of family violence and violence against women and of dominant theories in various literatures. In this report we attempt to capture a portrait of violence in the CF, what is done about it, and how the CF can improve its response. In most cases we use the term "violence" generically to refer to all acts defined as violent or abusive under the CFAO. This conceptualization is typically adopted in civil data collection in this area.

INCIDENCE

10. The first report in this study (Truscott and Waite, 1996) assessed the specifically quantitative aspects of the incidence of violence in Canadian society and the CF. They found that violence is evident across all segments of the CF, but is more prevalent among younger personnel, NCMs, and in Land Forces Command. Between 500 and 700 cases were reported annually to Military Police between 1991 an 1994, and this level of reporting is lower than might be expected based on the available wider Canadian and U.S. statistics and analyses of rates of violence. The report also considered rates of sexual misconduct, violence identified by social workers and through Family Resource Centres, and other sources. A variety of factors limit the precision of the data on incidence of violence in the CF, however, and the report recommends a variety of improvements in how data are collected in order that a clearer grasp of the problem can be developed. This research examines the incidence of the problem through the views and judgements of experienced CF service providers and senior personnel.

11. Just as is found in analyses of wider Canadian society, our respondents presented essentially three dominant views on recent trends in the incidence of violence in the CF. Some argue that we are aware only of the tip of the iceberg, and the incidence of military

family violence and violence against women is high and shows no sign of receding. Others believe that the occurrence has fallen significantly in recent years because of dramatic changes in the attitudes of personnel and the positive impacts of many CF programs. A third group believes the rate of violence found in the CF is no different from that found in the wider Canadian society.

12. Our respondents identified a broad range of military factors which tend in their view to influence the rate of violence. Factors tending to increase the rate of violence are listed below. Many of these have common features.

a. Frequency/Intensity of Deployments. Greater commitments of personnel to higher-threat peacekeeping missions in recent years, coupled with substantial downsizing, has significantly increased the burden on military family life.

b. Economy. Real wages are declining through the extended pay freeze while fixed costs are rising. Employment for spouses is more difficult to secure.

c. Spousal Isolation. Frequent separations, postings to areas where spouses have no local extended family, language problems, and declining connections between civilian spouses and military units result in greater isolation among civilian spouses and declining ability to deal with or leave abusive relationships.

d. Stress. The accumulated impact of contemporary life-stresses is substantial. In addition to the other factors discussed in this section should be added uncertainty about the future; low morale; downsizing; increased work load; spousal unemployment; Critical Incident Stress (CIS); difficulties preparing for deployments and adjusting after the return of the spouse; and other similar contemporary features of military life which contribute, in sum, to the level of stress in families and among personnel.

e. Operations. Incidence is believed to be higher among operational or combat units due to a mix of factors: lower education, higher aggressiveness, younger personnel, lower influence of non-unit personnel in health and other branches. Some respondents argue that the overtly masculine nature of operational training, which discourages displays of emotion and consensual problem solving, continues

to be a contributing factor.

f. Education. The education level of civilian spouses has risen, potentially creating insecurity/control problems on the part of military spouses and increased tension from difficulties of finding employment on postings.

g. Impersonal Environment. The problem is greater on larger bases and among larger units; tighter community bonds are found in smaller sites and problems are less easily hidden. More personnel live "in the economy" at larger bases and problems in their family lives are less likely to be known by other personnel.

h. Deployments. While deployed internationally, units must operate in some cases independently of any local authority and this imparts a sense of freedom from ordinary rules of conduct which can contribute to the likelihood of acts of violence following the return to Canada.

i. Re-Integration. Family adjustments made during deployments, in which the remaining spouse becomes a "single parent" for an extended period and develops new and relatively independent family routines, can exacerbate the difficulty of re-integration faced by returning personnel.

j. Gender Integration. Some men continue to be uncertain about how to act around women in military roles and are uncomfortable and unsure about what constitutes harassment. Younger members and officers more often accept and enjoy a mixed environment, while older officers and senior NCMs seem to be slower to change or are unwilling to do so. The role of "breadwinner" is still a powerful one, interfering with the ability of many males to consider women as equals.

k. Base Closings. These make postings to areas close to extended families more difficult to get.

l. Non-Canadian Spouses. Some personnel on foreign deployments return to Canada with non-Canadian spouses who are extremely isolated due to language and other cultural barriers and may be less likely to report abuse to Canadian authorities.

m. Liberalization. The reduction of regulations limiting contact between young

male and female personnel, particularly in barrack accommodations, increases the potential for problems. Changes in the nature of relationships among Canadians, with the traditional family in decline, are also viewed as contributing factors.

13. Factors tending to decrease the rate of violence, in the views of our respondents, are:

a. Decreased Tolerance of Alcohol Abuse. Efforts in recent years to separate the abuse of alcohol from military social life are believed to have reduced the propensity for violence in military families.

b. Education. Recruits arrive with more education than at any time in the past and are more sensitive to the damaging effects of violent behaviour. Spouses are similarly more educated and more willing to report violent incidents and are less likely to stay in an abusive relationship.

c. Improved Screening. Enhanced screening procedures instituted in recent years result in fewer individuals with a proclivity to violent behaviour being recruited.

d. Family Resource Centres. These agencies provide a range of counseling, referrals, and information dissemination services that assist personnel and their families in coping with separations and other key stresses.

e. Reduced Role of the Mess. The expectation that personnel participate in the life of the mess to the exclusion of their families has reduced considerably and works to the benefit of families.

f. Awareness Training. Extensive efforts to sensitize personnel to violence issues have had some success.

g. Self-Discipline. Contemporary military training emphasizes to a greater degree than in the past self-discipline and control and demands that personnel monitor their behaviour.

h. Deployments. International deployments to problem areas leads to greater and quicker maturity on the part of young personnel, who also return to Canada with greater appreciation for the value of basic human rights.

i. Unit Support. Regiments, Divisions, and units increasingly build support systems for families while personnel are deployed.

14. These lists are not exhaustive but identify the key military factors that influence the rate of violence experienced in military families and among women in uniform. There are several seeming contradictions among our respondents' views; this indicates the complexity of the problem and points to weaknesses in our understanding. Several measures are recommended by our respondents to deal with those factors they believe tend to increase the incidence of violence: these are contained in a later section of the report that summarizes all recommendations arising out of the study.

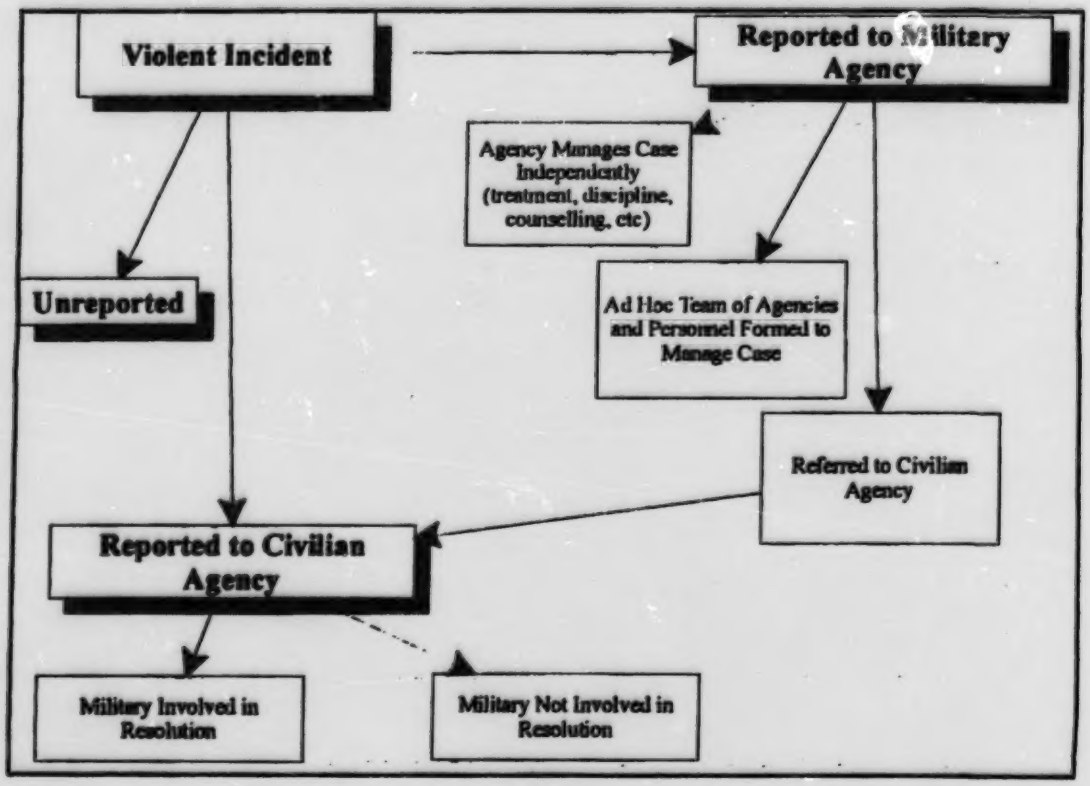
15. A complicating feature of our attempt to elicit respondents' views on the incidence of violence is the lack of a commonly understood definition of what constitutes violence. That this should be the case among the service providers who deal with the problem directly is itself evidence of a systematic weakness.

PROCESSES

16. Figure 1 displays the process of how cases of violence are dealt with on the most general level once they are identified. An unknown proportion of violent incidents go unreported. When an incident is reported to a military agency, three outcomes are possible: the agency that receives the complaint handles it independently; an ad-hoc team of appropriate agencies and skilled personnel is formed to manage the case; or the matter is referred to a civilian agency. When an event is reported to or referred to a civilian agency, it is dealt with either with the knowledge and cooperation of the military or is

handled without military involvement.

17. This simplistic overview of the processes through which violence is dealt with identifies the key tasks ahead in improving the manner in which violence in military families and violence against women is addressed. Firstly, of course, the rate of violent incidents should be reduced. Second, the rate of non-reporting should fall. Third, when an incident is reported to a military agency appropriate resources should be marshaled to manage and resolve the case. When those resources are civilian, military agencies should participate both to facilitate a successful resolution and to ensure the problem is not


Violent Incident
Reported to Military Agency
Agency Manages Case Independently (treatment, discipline, counselling, etc)
Unreported
Ad Hoc Team of Agencies and Personnel Formed to Manage Case
Referred to Civilian Agency
Reported to Civilian Agency
Military Involved in Resolution
Military Not Involved in Resolution

hidden. All the information and recommendations that follow in this report aim to support these key processes.

Figure 1: Process of Violence Resolution in the CF

AGENCIES AND RESOURCES IN PLACE

18. In this section we describe the resources which at present are employed to deal with cases of violence. Figure 2 lists the key military and civilian agencies involved. While we include civilian resources we do not describe these in detail. We are unable to isolate a typical incident "path" through these agencies. Each agency is guided by distinct imperatives following the reporting of a violent incident - legal, procedural, regulatory, and others. These vary also across Bases and units and are more crucial still at smaller locations, where the lack of a known trained individual or responsible agency leads to independent strategies being adopted by one agency. We find that this is not unusual at larger sites as well, however, as initiatives to coordinate the resources of several agencies often do not survive the postings of key personnel. These and other problems will be addressed in the following section. In the remainder of this part of the report, we describe the range of responsibilities and responses undertaken by each of the key military agencies when a violent incident is reported.

19. Perhaps the most vexing aspect of the process of violence is the manner in which knowledge of the problem is acquired. The military learns of a violent incident or is warned of a developing problem in a multitude of circumstances, many of which are not amenable to the establishment of clear procedures. In every case, a web of complex factors determine whether or how a military resolution is found. It is necessary to identify the range of responsibilities and roles presently performed by key military agencies in dealing with the problem of violence. Each agency and its response to a report of violence is described below.

MILITARY POLICE

20. The role and functions of Military Police (MP) units and personnel in the CF have changed markedly in recent years. Most of these changes have reduced the capacity of

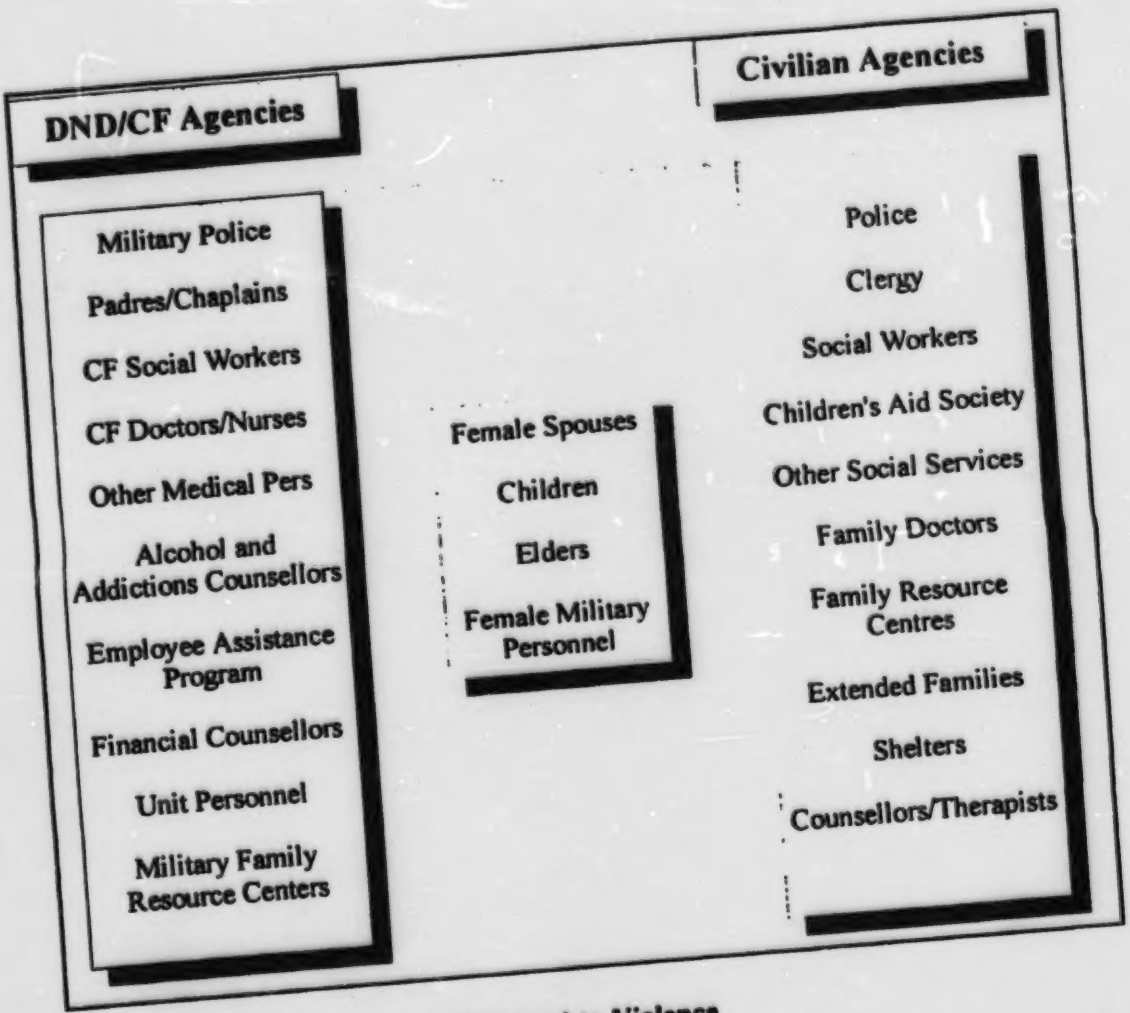


Figure 2: Resources in Place to Respond to Violence

MPs to have an impact on reducing violence in military families. Notification of a problem to an MP unit is thus more formal today than might have been true in the recent past. MPs will now have more limited contact with personnel outside the main gates and typically learn of a problem by direct notification either by a complainant or duty staff, or are notified afterwards by civil police. When MPs are involved in an incident they are guided in most cases by clear directions and procedures.

21. Military Police are responsible for base security as well as policing with a primary emphasis on operational policing and only secondarily on domestic policing. In fact, MPs at some sites no longer patrol Private Married Quarters (PMQs), and jurisdiction in these areas has passed to civil police. In the past, the base duty officer was able to accompany the MPs when they were responding to an incident. The officer would then have the flexibility to put a military member in quarters. Civilian police do not have the same flexibility regarding their response to an incident. However, civilian police will generally report an incident involving a military member to the military police.

22. Some locations have a response crisis centre, where MPs may be called in as a back-up. However, the responding MP has considerable responsibility in making decisions regarding appropriate action. The MP must now inform military personnel of their rights, must ask whether the member wants the military police involved, and may involve a duty Padre or social worker only if one is requested.

23. Military police do not get involved in harassment cases; these are an administrative responsibility. All sexual assault cases are handled by civilian police. In general MPs are not called unless there is a clear military nexus, where both members are military. If a sexual assault occurs on DND property, MPs must inform civilian police and only in instances where civilian police choose not to investigate will further action be taken by

MPs.

24. When civil police charge a military member, an assisting officer is ordinarily sent to observe the proceedings to record results of the case and acquire the relevant documentation. These materials are used in any administrative action that might follow, such as release. While the military court liaison officer will become aware of cases appearing before the justice system, a positive liaison between civil police and MPs is highly dependent on the personal relationships and local arrangements between individuals in the two units. At present this is the best assurance that the military will be made aware of a violent incident.

PADRES/CHAPLAINS

25. A considerable portion of situations involving violence are initially presented to the Padres. Padres are seen by many as a first avenue of approach for personnel or family members with problems, and this is particularly true on deployments. In addition to their clerical role, they are seen to be neutral but influential people within the military, and as such are frequently contacted after a violent incident. In addition, they often are informed of problems in the course of the performance of their many functions - Padre's Hours, visits to families, deployments with operational personnel, and others. Padres do not have a clear set of procedures or guidelines to assist them in determining how to respond when they learn of a violent event (with the exception of child abuse cases, where legal procedures regarding notification of authorities are known). Perhaps most importantly, personnel believe they can provide information on their actions to Padres under the confidentiality of a "confession", a measure of protection not believed to be offered by other service providers.

26. Often a social worker and a medical officer are involved in a team approach with a Padre, and Padres are increasingly relied upon to perform counseling and other forms of assistance in this area. Padres recognize that a social worker will become involved in almost all cases, yet they feel they are the front-line agency where most cases begin. They tend to describe the majority of their activities as "firefighting", and view themselves as "general practitioners" rather than long-term counselors, although some Padres have counseling and other related training and qualifications. Padres and chaplains are on duty around the clock and encounter cases of violence while in the role of Duty Padre, in which they respond when requested to do so by Military Police or other duty staff. They tend to be the first "social professionals" to respond to incidents and feel they provide a crucial calming agent to create the space where a member and/or spouse can regain control. In some circumstances, Padres are able to arrange for a two-week "cooling-off" period by placing members in quarters, away from their families. Their "pastoral" orientation requires them to discourage divorce and place emphasis on keeping couples together, reducing their threat to abusive partners who may as a result be more willing to reveal their behaviour.

27. Although not regularly present in all units, Padres have considerably more contact with military personnel than do all other service provision agencies. This allows Padres more opportunity to get to know members and dependents, and to build trust and rapport with members. Through this regular contact they are also better positioned to be able to do preventative work. However, servicewomen are less likely to seek out Padres, few of whom are female.

28. Despite the central role of Padres in identifying and initially dealing with violence, few tools beyond their own resources are at their disposal. Padres are not able to make referrals to civilian agencies; only social workers and medical staff have funds available

for this purpose. In many instances the Padres are heavily involved with situations or requests concerned with appeals on compassionate grounds, but only the social worker is able to document compassionate changes. While Padres are often able to find ways to make uncooperative programs and policies work in support of people in difficulty, such as estranged civilian spouses needing to return to a home in another province, they do so at some risk. The role and functions of Padres will be examined in greater detail throughout this report.

SOCIAL WORK AND MEDICAL PERSONNEL

29. While these several agencies and groups of personnel, including social work officers, medical officers, nurses, community health nurses, and other staffs are organizationally distinct on many bases (this is changing, however, with recent examples of social workers reporting to Base Surgeons) their relationship to violence problems and their resolution is similar.

30. Social workers are, at some sites, the key agents dealing with violence. In others, however, as we will discuss in detail later, their role is limited to specialized therapies and counseling and they have little contact with the day-to-day problems that arise in military families. They will be appraised of a violence problem either directly by clients or through referrals by doctors or other base personnel. They tend to have stronger contacts with civilian agencies than is true of other groups. While CF social workers have specialized training, they are not "on duty" in the manner of most other service providers.

31. Medical doctors and nurses tend to learn of violent incidents through treating injuries, but also become aware of problems through consultations with patients in other-than strictly medical circumstances (pre-deployment screenings, annual

examinations, etc.). Their procedures in dealing with a case involving violence are driven by wider medical practices and principles.

32. The community health nurse sees civilians and military clients and interacts with other helping organizations. Some develop close links with the military family community, and along with Padres are among the few with a mandate to do so. They are thus in a position to learn about serious problems among personnel, although their principle role is preventative through the provision of information and education.

ALCOHOL AND ADDICTIONS COUNSELORS

33. Alcohol counselors are bound by law regarding the reporting of child abuse, and clients are well informed of this fact. As is true of other service providers, however, procedures to be followed when other forms of violence are reported are less clear. The long-noted connection between substance abuse and violence makes them pivotal agents; counseling to personnel with alcohol and/or drug problems is geared to reduce the incidence of violence. Counselors are approached by personnel with problems, receive referrals from other base agencies, and unit commanders send personnel for counseling. Counselors observe that their clients with substance abuse problems often report acts of domestic violence and also violence against women. Their response to this reporting is not at present guided by explicit procedures.

EMPLOYEE ASSISTANCE PROGRAM

34. EAP personnel often get requests for help on matters connected with domestic difficulties, but many have no guidelines or expertise for referrals. Civilians are increasingly part of the Defence Team, but few services are provided for them - they

receive help informally already on bases (by Padres particularly) but there is a sense of unfairness that effort is devoted to military members well-being, with concomitantly little to those of civilians. Civilians on bases are known to turn to EAP personnel following a problematic incident at work, usually involving a supervisor and/or a military member. They do so in part because they are unsure of the extent to which Military Police and other services are available to them. There are indications that violence in the civilian workplace is increasing in the wake of recent years of cuts, wage freezes, and associated stress. A requirement may exist for resources to be marshaled to deal with this problem in the near future. In addition, spouses of military members are often employed in the public sector, which is under tremendous stress and uncertainty as well and these forces contribute to the potential for violence in a military home.

FINANCIAL COUNSELORS

35. Difficulties associated with finances are prime causes of domestic trouble. Often the families that go to the financial counselor do so after a crisis point has been reached, and in some cases violent behaviour is revealed during this counseling process. Violence in many forms comes to light in this manner. Links to other counselors and agencies can be exploited when a case of violence is reported, but as we have found among other agencies there is a lack of clear procedures to ensure this happens properly.

UNIT PERSONNEL

36. While mess life has declined dramatically in recent years, members of units continue to share bonds of a scope and depth rarely found among civil organizations. As a result, unit personnel are often the first outside the family or the couple to learn of a serious problem. Leaders seek to know their personnel well, and the impact of domestic

difficulty often appears in work performance. Close unit bonds, particularly among spouses, can limit the experience of isolation that permits sustained abuse to occur and can ensure that steps are taken to address the problem. It is the nature of the steps taken, however, which must be examined, as we discuss in greater detail later in this report.

37. Most units now establish a rear-party that supports a program for communicating information quickly to spouses during deployments, and this is particularly true of units within the Regimental and Divisional systems. The maintenance of a connection between the unit and families often eases the difficulties associated with extended deployments and reduces the stress of re-integration. However, units are not able to handle all the problems that arise. Rear-parties focus on administrative concerns and are not trained as counselors or in crisis intervention.

MILITARY FAMILY RESOURCE CENTRES

38. While not strictly military agencies, Military Family Resource Centres (MFRCs) are worthy of inclusion among the military offices engaged in dealing with violence. The primary role of MFRCs is the provision of support to families and spouses of members, especially during deployments. The emphasis is on preventative and educational assistance through courses and briefings. The MFRC attracts people on- and off-base, and civilians on some bases are also allowed to participate in programs. Staff believe that the MFRC is instrumental in developing a sense of community, especially in these times of change and uncertainty. They work closely with other military and civilian organizations and often provide referrals to these agencies. Some MFRCs have established Human Resource committees that meet quarterly and include Military Police, social workers, and clerical representatives to share information.

39. While some MFRCs provide counseling, that which does occur has changed to a short-term orientation of fewer than five visits. Counseling is provided to military members and their spouses. It is possible for civilian spouses to receive counseling without the knowledge of the military member. In more severe cases such as a civilian spouse wanting to leave the relationship, the spouse is referred to other counseling resources in the community and the military member could be referred to the "New Directions Program" or encouraged to see a social worker (although the member may wish to avoid this, however, out of fear of negative career impact). In general, children are not provided with counseling and are difficult to refer. MFRCs may have a civilian social worker who can intervene if needed but the worker is only available during work hours. In addition, the MFRC may start or provide support for self-help or survivors groups and their meetings.

40. Although MFRC staff are not typically involved directly in crisis situations, they encounter all forms of domestic problems and some have emergency accommodation available that are used infrequently (one or two times per year). MFRCs receive relatively few calls related to violence, and will refer these to other agencies. In the event they learn of a case of child abuse they must report it to the Children's Aid Society (CAS). Occasionally Military Police refer a case to a MFRC if an individual does not want to talk to a military social worker.

WEAKNESSES IN SERVICE PROVISION

41. To this point in the report we have provided an overview of the processes through which violent incidents are dealt with in the CF and described in general terms the key service agencies available within the military. Several problems will already be obvious to the reader: the CF finds out about violent incidents in a multitude of ways through

many sources; some of the agencies that frequently learn of a violent act do not have clear guidelines to ensure they respond appropriately; and some personnel in these agencies lack appropriate training to deal with violent incidents. In addition to these first-order issues, the respondents to this study identified a range of systematic weaknesses in how the CF addresses the problem of violence and we outline these in this section.

42. Virtually all respondents described shrinking budgets, declining personnel strength, and so on to be significant barriers to the quality and timeliness of services they provide to personnel and families who endure violence. This difficulty is well-known across the CF and will not be developed in detail here. As an initial point, however, it is appropriate to identify respondents' common view that if the incidence of family violence and violence against women is to be reduced, more concrete resources will have to be specifically devoted to addressing the underlying or essential causes of the problem than is possible under current conditions.

43. Amid the many conflicting claims surrounding the nature and incidence of violence in the military community, one essential flaw is widely recognized. Our respondents concur that existing strategies and programs (many of which are, of course, devoted to increasing awareness and disseminating information rather than active prevention) tend not to reach many of the severely dysfunctional families most in need of help - the worst 10% of the violent and abusive. Some sense that the great majority of incidents and problems are, while in some cases very serious, of lower intensity than this catastrophic minority. Some of the cases that fall through the cracks are disastrous and could, in the view of some of our respondents, be caught early and potentially resolved through more active measures and more intense education strategies.

44. Our respondents identified eight categories of systematic weakness in how family

violence and violence against women is addressed in the CF. Three of these are dominant and can be said to represent the gravest barriers to reducing the rate and intensity of violence experienced by families and women. Poor coordination of response among military service agencies is the primary problem. Concern with the quality of available civilian services and fear of retribution in reporting violence are also critical weaknesses but are secondary to lack of coordination. These three dominant problems are described in the sections below, followed by discussion of the remaining weaknesses that also inhibit the potential of CF resources to be used in reducing the incidence of violence.

POOR COORDINATION OF RESPONSE

45. There are four key components in the inability of CF agencies to coordinate their resources in dealing with violence in the military community. Widely distributed and unambiguous policies and procedures defining what is to happen when a violent incident comes to light are absent. Confidentiality and privacy concerns constrain the ability of agencies to communicate with each other. Conflicts over professional jurisdiction have the same effect. Finally, a variety of attitudinal barriers among the service groups impede the potential for cooperative approaches.

46. As we have seen, family violence and violence against women have the unfortunate properties of being both largely hidden from view and apt to be revealed across a range of diverse agencies, most of which are ill-equipped to act. The inability of these agencies to coordinate their resources in order to ensure that appropriate skills are marshaled in resolving each case has many costs. Quality of services suffers, with consequences both for those enduring abuse and for the units disrupted by members' poor performance and corrosive behaviour. A mix of signals that might catch a problem in its early stages are missed because service providers often do not communicate; they are

prevented from doing so by several factors, including complex Privacy Act considerations. Resources are wasted when members seek out multiple services. All respondents agreed that more effective teamwork was essential and noted that numerous attempts had been made to establish better working relationships among all professionals and stakeholders involved in providing support to military members and their families. Despite many less than successful results, there was a general feeling that the networking of healthcare professionals on bases is improving.

47. Every service group provided examples of instances in which vital information was not shared. Social workers tend not to get referrals from MPs, nor do they have access to police records. Civilian and military police have limited contact. Padres in some cases refer people to outside Christian counselors rather than to secular professionals available on the base. In some cases files were lost when personnel were posted. Some social workers are unwilling to share information with medical staff, as are some doctors with police. In sum, a systemic lack of communication exists among groups devoted to helping our personnel and their families. Some respondents also observed that during this period of sustained downsizing the problem of poor coordination has been particularly significant. Tension around the range of functions and responsibilities accorded to agencies when the resources allocated to each are under scrutiny discourages inter-disciplinary cooperation.

Absence of Definitive Policies and Procedures.

48. Service providers deplore the lack of available, structured, effective treatment strategies for violence problems in the military family - they are "flying by the seat of their pants" designing local programs for problems that are national in scope; they feel existing national programs are legislative in nature (zero-tolerance) and want to see

substantive advice that will give them the tools to strengthen local programs. Harassment definitions and categories are in particular considered to be vague and unworkable by many.

49. There appears to be no specific programs, guidelines, or working documents geared to the issues and/or treatment of family violence problems. Some bases have formed or are forming family violence committees aimed at identifying a working system to deal with related issues among the professionals on a base. While some feel that there are gaps in the safety net for civilian spouses, there are some measures in place to assist individuals. There is in-patient treatment for dependents and some bases have "safe houses" or quarters which can be used to place military members for a cooling-off period.

50. Procedures and guidelines for dealing with child-abuse and related issues are more clearly defined and are well established. Health and social service professionals are required by law to report child-abuse or suspected child abuse to the CAS. However, issues or problems related to "emotional abuse" are less clear, due to difficulties involved with defining and proving instances of this form of abuse. The CAS and other agencies including the courts tend to not report back on the outcome of cases.

51. In terms of outright criminal acts most professionals have desk procedures delimiting how they should proceed. However, in general, most respondents noted the lack of a clear and specific policy regarding domestic violence and other related issues, including consistent guidelines concerning educational approaches, tolerance, and individual and agency roles and responsibilities. Contradictions were also noted among existing policies; members are fearful of seeking treatment for a substance abuse problem because evidence of such a problem is a condition for release. This is distinct from the general perception of the stigma and negative consequence attached to most forms of help

seeking by military personnel. Some individual bases have developed their own policies regarding family violence, in other cases support personnel do what they feel they can within available resources. These are often inadequate. Some respondents commented that all helping professionals and stakeholders should be involved in the development of policy and noted that personality and professional domain issues sometimes prevented this sort of necessary collaboration. Respondents had not at the time of the study developed strong views on the viability of the new CFAO (see Annex A in Truscott and Wait, 1996).

Confidentiality/Privacy

52. Several of the key groups involved in service provision are guided by differing professional practices that dramatically limit the potential for cross-disciplinary cooperation. Military Police must observe complex rules connected with the rights of accused and of complainants and control of evidence. Doctors must protect the confidentiality of information shared with them by their patients. Other groups have similar principles and practices that delimit the extent which they can share information about individual cases. At one location an attempt was made to organize a suicide committee, in order to facilitate the passage of clinical information. The concern about crossover of information and issues surrounding confidentiality were constant pre-occupations, and six months of effort produced no results. This issue is a dramatic barrier to the coordination of more effective responses to violent incidents, and should not be of such concern. In most cases if a service provider is dealing with other helping persons who are involved in a particular case as well (especially if the client has given permission) it is not a violation of confidence to consult with each other in the service of the client.

53. The occasionally undue emphasis on confidentiality is problematic among

essentially all groups of service providers but is particularly noted of medical doctors. The civilian reference group of CF doctors is among the highest status professional classes in the country, which is seen to impart both a proclivity to be "above the fray" and an inordinately intense adherence to professional norms. Units are also sometimes too protective of information; a community health nurse respondent felt that a refusal to provide names and addresses of deployed members and their families during a peacekeeping mission was due to a view among key Base personnel that his is a low-status occupation, and because the MFRC at which he worked was a civilian organization.

54. Social work respondents tended to feel that there is a good working relationship among professionals. They make frequent referrals to the MFRC, the MFRC in turn will refer cases to social workers when wanting to work within the system. Sometimes social workers make referrals to medical staff for longer term assistance. Some locations supported Human Resource (or Factor) Committees as vehicles for professionals to share information and discuss particular clients or cases. Confidentiality issues sometimes limit who can share information on these committees. In some cases, for example, MPs are excluded, while in others MFRC personnel are not included due to differences in the ethical guidelines each must adhere to. Some social workers attempt to have clients sign a release form at the outset of each case that allows them to share information with other professionals and agencies.

55. In many ways confidentiality issues are pivotal in the effectiveness of support services. Many respondents commented that clients would generally prefer to obtain help from outside the CF "system" due to a perception of potentially negative career consequences. Most members are unaware of safeguards in place to ensure confidentiality. Despite such safeguards, personnel believe the military system and the base environment make anonymity practically impossible. Some members will avoid

seeing military social workers for personal or family problems to prevent having a file that is potentially accessible to the chain of command.

56. Once a team approach is established, confidentiality issues are often found to be resolvable. Medical officers, however must report to COs, and COs are not bound by confidentiality. This is a substantial deterrent to individuals seeking help within the military for problems that could result in sanctions. In some situations a medical officer will try to provide information in broad terms. However, some situations require details to be disclosed (e.g. can't go overseas, without revealing details) and if these are provided to a CO in a written summary, the information may not be as strictly controlled as would be expected. Although it is understood that in the military individual's give up the right to confidentiality of medical information, some respondents expect this will become a Charter of Human Rights issue. It was suggested that every military trainee should be completely informed about their rights, responsibilities and the confidentiality of medical information since disclosing medical information can adversely affect a career.

57. A number of confidentiality problems were discussed in relation to the role and responsibilities of Padres. While procedures concerning disclosure of criminal activity have been well outlined, some Padres indicated that clearer guidelines were needed in relation to other types of disclosure or information sharing. Most people consider Padres the safest person to go to if confidentiality or privacy is an issue, and Padres are in a difficult position of wanting to maintain this reputation and yet also contribute to an overall team approach.

58. MFRCs are perceived very differently. Some consider that confidentiality is not an issue for MFRCs since they are predominantly a referral service. Others believe that MFRCs (as with other service providers) are the eyes and ears of the military system.

Some professional respondents indicated that MFRC staff are not bound by ethical guidelines. However, even among professionals who all share such guidelines, it has been difficult to establish information sharing committees over confidentiality issues.

59. Respondents did report many efforts at achieving better coordination. Degrees of success vary and typically the efforts end with the posting of key personnel driving the initiative. Attempts to establish working committees reported by our respondents include:

- A quality of life coordination committee involving representatives from the MFRC, social workers, MPs and Padres that meets quarterly. This is an informal group which nonetheless is considered to facilitate an excellent exchange of information.
- A human resource committee meeting quarterly with representatives from MPs, social workers, Padres and the MFRC, to talk about problems, share information, and discuss processes for dealing with and referring cases.
- Human Factors Committees exist in some locations. This type of committee is well received as a way for all professionals dealing with a particular client to discuss the case. However, the client must sign a release at the outset permitting information to be shared.
- A Committee of Human Resource Professionals meets at one base to discuss confidentiality issues, trends and other concerns.
- At one training base a meeting was held every 3 weeks with all service professionals to discuss cases to ensure that individuals were not falling between the cracks and to prevent needless redundancy in services provided.

60. Suggestions of other types of committees include: a suicide intervention committee to facilitate the passage of clinical information; local, regional and/or national conferences gathering representatives of various supporting organizations (MFRCs, Padres, social workers, etc.) to discuss, special issues (family violence, suicide, Critical

Incident Stress) related problems, solutions, approaches and to establish wider networks. Effective types of information sharing include: passing individual files between professionals, listings of deployed individuals and their addresses to the MFRC, and transfer of information between military and civilian organizations concerning individual cases.

Conflict Among Professional Jurisdictions

61. Violence is a factor in all sectors of the CF and can occur anywhere at any time, or come to the attention of any of a multitude of officials or officers. Each of these agencies maintains a domain of responsibility and violence has numerous aspects that cross professional boundaries, creating conflicts and uncertainty. While respondents reported many fruitful examples of cooperation and collegiality among professionals, others identified long-standing and serious weaknesses in this area.

62. Some service providers consider themselves professionals first and members of the CF second, and do not give appropriate consideration to the operational requirements of units or to traditional military authority, which leads to conflict with commanders and unit personnel. Concomitantly, some operational personnel refuse to cede any authority or expertise to health professionals. Other difficulties include military rank; a Captain social worker may have difficulty dealing with a Company Commander at the rank of Major. One problem cited by MFRC staff was the fact the military criminal records are not transferred to civilian police files when a perpetrator re-enters civilian life and therefore

patterns of abuse are treated as first offences in a civilian situation.

Attitudinal Barriers to a Coordinated Response

63. In addition to strictly professional or procedural barriers to cooperation, enduring attitudinal constraints exist among service provision groups. The truth or falsity of the application of such views to professional and occupational groups is not irrelevant - the important point is that each of the service provision groups typically brings sets of entrenched views and expectations to any effort to cooperate with members of other groups, and in some cases these views serve to reduce the quality of service ultimately provided. Questions of professional status and assumptions of varying degrees of competence have been and are a factor serving to inhibit cooperation. Four key attitudinal barriers serve to reduce the coordination of CF responses to violence: insensitivity and inflexibility; lack of training/qualifications; the impulse to solve problems within units; and ambiguous roles.

a. Insensitivity and Inflexibility

64. Some attempts to form cooperative agencies failed, in part, our respondents observe, because some members could not be flexible enough to contribute to unique treatment strategies or were unwilling to countenance deviations from established procedures. Military Police personnel were frequently identified in this regard, and many committees have been formed so as to explicitly exclude MPs, whom some feel are a barrier to new approaches to the problem of violence. Some interviewees indicated that MPs were not interested in intervention in a proactive or preventative sense. Commanding Officers are frequently identified by service providers as evidencing a profoundly rule-bound approach to committees.

b. Lack of Training/Qualifications

65. Padres are increasingly called upon to provide services for which they lack adequate training and qualifications (dealing with family abuse, conducting pre-deployment screening, post- deployment stress services, and so on). They admit they do not have guidelines to assist them in determining when to report knowledge of violence or abuse to police or other authorities, except in cases of child abuse, and we were informed that Padres at small bases or less experienced Padres may attempt to deal with family violence problems "pastorally" rather than by involving appropriate professionals.

66. Several Padre respondents pointed out that the training courses and qualifications they had taken and acquired in the area of family violence had been done at their own insistence. Many Padres are deeply concerned at their increased role in matters of emotional/psychological counseling and observe that this will only increase as the number of social workers is decreased through continuing personnel reductions. The education and abilities of Padres varies according to the individual's personality as well as to the base. Training for Padres is often an individual responsibility where each must seek out the training they feel they need. Some Padres indicated that although most Padres do receive some training in counseling and procedures to follow when a criminal act is revealed, there continues to be substantial gaps in training. Comments regarding the types of training needed by Padres included: awareness of military operations, post-traumatic stress, CIS, family violence and abuse dynamics, divorce stress, suicide indicators and intervention, and other counseling skills. Some Padre respondents observed that obtaining the time and resources to attend courses is difficult and that as the numerical strength of the CF declines the demand for counseling is increasing. Padres appeared optimistic about the new chaplaincy school in Borden (for both denominations) and indicated that the curriculum should include the training necessary to fill the gaps already mentioned.

67. The strength of civilian social workers' training or experience is in part offset, several respondents noted, by a lack of understanding of the military, its culture, the operational environment and service needs. Some military social workers noted that they considered themselves to be generalists and that other individual social workers who had more specialized training were not always able to comprehensively handle all problems.

68. Medical personnel consistently commented that they were expected to monitor their own professional advancement in emerging practice areas, such as family violence. They felt that this sort of approach to training was not sufficient and recommended more workshops (especially on family violence and related issues) be made available. Medical officers felt that they should have greater exposure to the medical branch before going into operational units.

69. Efforts have been taken in recent years to ensure that young military police personnel are trained with extensive programs that include handling of domestic disputes, identification of drug and alcohol problems, and other indicators and contributing factors of domestic violence. Specialist training is also available at their school in Borden.

c. Impulse to Solve Problems Within the Unit

70. Some Commanders continue to prefer to attempt to deal with all problems within the unit, resisting the input of service providers (and the perceived threat to authority that they represent). Similarly, some operational army units are resistant to the role of "outside" service providers and attempt to keep their problems within their own domain. Support for measures to reduce family violence is strong among senior leaders, but weaker among lower-level commanders who have increasingly difficult performance targets to meet and resist absences of personnel for therapy, counseling, etc.

71. Some respondents noted that Commanding Officer's (CO) attitudes are changing, that they are more receptive to professional contributions to their units and accord greater weight to the rights of their individual personnel. Other respondents indicated that COs need more education in a number of areas of contemporary concern, notably with regard to family violence and its cost in term of effectiveness and unit cohesion. Most COs do not see family violence as a high priority, according to our respondents, and are concerned with what they see as more pressing issues. Many COs see the family as a compartmentalized issue that happens after work and after operations.

72. Respondents indicated that some COs may perceive family problems as evidence of a lack of leadership and as a result do not always want to refer such matters to other professionals. COs will rarely, however, refuse to support treatment programs (especially if they are recommended by medical staff).

73. In the experiences of our respondents, most COs act out of human concern and not strictly out of duty and if they heard that a serious problem concerning violence existed they would see that something was done. A substantial complication mentioned previously is confidentiality. Some respondents indicated there is a prevailing view that once the CO knows of a problem, everyone knows. In addition to the privacy issue, members tend to avoid involving the chain of command because of the potential for personality factors influencing consequences. Some supervisors and COs may penalize an individual having a problem. In sum, however, respondents indicated that operational commanders are thoughtful about the issues surrounding harassment and other issues affecting women and are involved in determining if an incident is one of misconduct or harassment.

d. Ambiguous Roles

74.

The role and functions of CF social workers emerges as a substantial source of uncertainty and concern among service providers. Medical staff and duty personnel want social work professionals to be accessible for general duty in dealing with family violence and other problems. However, respondents report that some social workers specialize in individual and marriage therapy and suggest they do not maintain an emphasis on connections to the military community and to addressing its key problems. There is also a concern among some medical staff that social workers comments are included as part of a client's file and that social workers are the least likely to share information.

75. Some social workers reported a shortage of resources and an excessive workload. For instance, 200 cases per year were managed by two social workers at one location. Frustration also arises due to the ceiling on the number of times a military social worker can see an individual (not more than six). The workload involved in severe cases was also mentioned (the professional must consult with the victim, perpetrator, children, community members, and others in the helping professions), emphasizing the generalist role of social workers. CF social workers are spread too thinly, are not available for emergencies, and unlike other service provision groups are not well integrated into military life; the term "rescuer" is derisively employed by some social workers to their colleagues who try to force the system to change to give people more and better help

76. Military Family Resource Centres offer an unpredictable range of services and suffer with the usual problems that typically afflict largely volunteer organizations; the mission and the programs can be changed by a small group of people and be driven by narrow imperatives. As in the case of social workers, there is some concern over the motivation and commitment to the military of personnel and programs at MFRCs. Others

see the MFRC as only marginally useful, that it has not fulfilled its promise or produced any substantial results and in some cases there is the feeling that it has taken away some of the responsibility of CO. Some feel that not all spouses are welcomed at the MFRC, that it is primarily to serve the members of the community in which it is located or has come to represent the interests of a small vocal few rather than the community as a whole.

QUALITY OF CIVILIAN SERVICES

77. A significant proportion of CF violence cases are dealt with by civilian agencies. As downsizing continues among CF service providers, it is expected that the flow of cases outward will increase, both because personnel will choose to seek help elsewhere and because CF agencies will make more referrals. Respondents have numerous concerns about the quality of civilian service programs and their utility for military personnel and their families.

78. Three primary reasons were mentioned to account for member's preference of civilian agencies: members seek help from outside agencies because they fear the repercussions on their or their spouse's military career; other cases are referred to civilian agencies because some women want women counselors or medical staff and these are not otherwise available; and others believe that civilian agencies provide superior service.

79. The two chief concerns about the quality of civilian services are availability and relevance. In many (if not all) provinces health services are undergoing cutbacks as is the case in the CF; to refer personnel with problems out into an overburdened system is not the answer. This is a particular concern in rural areas. Secondly, once in the civilian system our respondents observe that local programs are heavily geared to serving the population of the region and there is limited understanding for the reality of military life

and its stresses. These programs often assume, for example, the presence of extended family members in the area. Further, in some cases respondents suggested that civilian service providers have little understanding of (and in some cases respect for) the military, and in therapy and counseling tend to blame the military for problems, rather than emphasizing individual responsibility. This can delay the provision of effective treatment and work against re-integration of the member into the military. Additionally, group-based civilian treatments often result in a military member ineffectually placed amid a group of highly dysfunctional local people and little is gained as a result. A common intervention by a civilian agency is to encourage or accomplish the separation of a woman from a troubled home; while this is of course often an appropriate response (particularly in extreme cases) it is predicated on the woman having close contacts outside the home upon whom she can rely for accommodations or other forms of support. This is frequently not the case in a military family and other forms of intervention might be more appropriate. The removal of the military member from the home and into quarters for a cooling-off period, for example, is reported to have been successful in some cases.

80. Civilian programs tend to be expensive, both for the CF and in many cases the member seeking services. Civilian social workers are available only during working hours, while some military service providers can go aboard ship and into the field with deployed members and can be found on a 24-hour basis. Respondents felt that they lose touch with some clients once they transfer to civilian agencies, and that there is not enough feedback on the outcomes of cases that have been referred to civilian agencies.

81. Military Police believe that a considerable proportion of cases go to outside agencies and they have themselves adopted a variety of essentially civilian protocols for dealing with violent incidents. In many cases military authorities cannot intervene in incidents where civilian agencies have explicit jurisdictional priority. For instance, all

sexual assaults are handled by civilian police. Sometimes both parties involved in a case of sexual misconduct are in the military or are at a remote location, and the military system will deal with the case, but most are referred to civilian authorities. Civilian police will generally report incidents to military police, but this may take days and there is no formal procedure in place to confirm that this occurs - MP units sometimes deal with this problem by posting a member in civilian court to observe the cases that come through.

FEAR OF RETRIBUTION IN REPORTING VIOLENCE

82. A strong perception continues to exist among service personnel and their families that the reporting of a violent event, or indeed of anything suggesting emotional instability on the part of a military member, will have serious career consequences. Abusive men are less likely to seek help during cutbacks because they expect they may be next for release if they are seen to be a problem of any kind. Additionally, there continues to be fear among spouses that they will be left "high and dry" by the CF if their relationship with the military member ends, which reduces their capacity to seek treatment or to ultimately leave an abusive relationship.

83. Respondents believe there exists in military culture a ubiquitous and over-riding fear of the consequences of admitting one has problems. Often a spouse will be warned not to see a social worker, for fear of potential stigma attached with seeking help. Calls to a social worker, Padre or the MFRC will be made anonymously. Potential consequences range from embarrassing the unit, the member, of losing everything (unless they have already decided to leave), or of the member being released as an administrative burden. One respondent inadvertently revealed that such concerns are not without justification; he revealed that in one recent case in his unit a member's problems at home had serious impacts on his performance evaluation and prospects for promotion.

84. The reticence to report violence or abuse is higher among some groups of women. For example, women in some ethnic groups are particularly resistant to approaching police or other authority figures, and spouses of officers will more likely keep abuse hidden because of concern about careers. The fish-bowl quality of base life makes trust in confidentiality extremely difficult, and for this reason some spouses and members are less likely to go beyond the Padre. Many members in financial trouble, which is frequently associated with the start of problems in a relationship that ultimately lead to violence, are ashamed of their difficulties and do not seek help until the problem is out of control both financially and within the family.

85. Although more people are willing to come forward with problems today because of greater awareness resulting from educational programs and media attention, it continues to be difficult to estimate the prevalence and incidence rates of family violence and abuse.

SHRINKING MILITARY LEGAL JURISDICTION

86. Recent trends in military jurisprudence and policing have limited the capacity of the CF to identify and address family violence and violence against women. Greater respect for individual rights and the shrinking of the policing domain of the MP together make a definitive response to indications of family violence much more difficult than might have been the case in the recent past. The Charter of Rights and Freedoms is seen as a dramatic deterrent to the use of military discipline in dealing with family violence problems. An atmosphere of uncertainty prevails among commanders and military police regarding their range of lawful authority. Concomitantly, the Redress of Grievance is an increasingly effective tool personnel are using to blunt the ability of commanders to take steps against problems in family or "private" life.

87. The authority of Military Police to deal with family violence/violence against women has been limited in recent years - all sexual assault cases must now be dealt with by civil police, for example, and the long-debated issue of jurisdiction in PMQs outside the main gates is being resolved by giving that responsibility wholly over to civil police in some areas. While some other service provision groups consider Military Police to be excessively rule-bound, MPs understand the link between the domestic environment and the operational effectiveness of military personnel, and they understand the demands of military life and seek to resolve problems in the military community rather than solely administer the law. Further, they are also able to observe trends in problems or offenses in particular units and alert commanders. Most importantly, they are capable of providing policing geared to the particular dynamics of PMQs.

88. While MPs are generally well known among military members, they feel that because of recent changes they are losing their connection with the broader military community. MPs have often been a "bridge" to other military and civilian agencies. In some locations MPs have participated in meetings with representatives of RCMP, MFRC, Padres, and others to discuss family violence. Other efforts, such as open PMQ meetings with members of the Base hierarchy invited to sit on a panel open to questions from PMQ residents, have had limited success.

LACK OF AWARENESS OF SERVICES

89. Female spouses have gradually been distanced from the military community in recent decades. The traditional inclusion of spouses and families in the life of a unit has eroded substantially following a variety of social, economic, and military changes. As a result many civilian spouses have extremely limited contact with CF agencies and are unaware of the services available to them in the event of a problem. Although many

military spouses are employed on bases, it was suggested that a substantial proportion of them are not aware there are CF services available to them.

90. Social work respondents expressed a need for more employee assistance programs to provide information about what and where various resources may be obtained. Social workers tend to conduct various public speaking events covering such as suicide and family violence and others. However, social workers tend to feel that spouses often obtain more information from MFRCs and efforts at expansion of knowledge in local areas have been effective, our respondents believe, in these agencies.

91. It is also true that abusive spouses may mis-represent or fail to inform their partners about the range of services provided by the base. Spouses need to find out about their rights and available support resources in order to limit their isolation and potential for sustained harm.

POOR RESOURCE ALLOCATION

92. There are, as we have seen, substantial barriers to a rational allocation of resources in order to most effectively serve the needs arising out of family violence and violence against women. No single agency has a clear mandate to deal with the problem. No policies or procedures exist to ensure that various agencies coordinate their responses to the problem. For each of the agencies we included in the study, while there is recognition of the problem and substantial effort devoted to it, all are undergoing cuts and are re-focusing on their mainstream mandates. As a result of these and other factors, no clear means exist to ensure that the right resources are directed at violence in general or in each specific case - rather, they are allocated essentially in an ad hoc manner following each incident.

93. It is a well-accepted tenet of civil strategies for women who endure physical and sexual abuse that males cannot offer effective initial treatment. No mechanism is in place to ensure a service provider trained in family violence is available at a given CF site. Similarly, there is no means in place to ensure appropriate Francophone and/or Anglophone service providers are available as required. Cooperation that ensures female and primary language services will be available if needed in an emergency is ordinarily driven by local initiatives that end when a particular member is posted, and new informal relationships must be built among new personnel. Given resource limitations, particularly at smaller sites, it may be necessary to coordinate female service providers from all groups, including police, medical, MFRC staff, social workers, and others in order to ensure the need is met.

94. Allocation of CF social work resources in particular appears to be problematic: at some sites social workers are exhausted by massive case loads and are capable only of getting food and shelter for people in emergencies, while at others an office of similar size is able to concentrate on particular services, such as marriage counseling. The problem is by no means limited to social workers, however. A common complaint regarding the placement of Padres is that they are also deployed based on gross population of personnel assessments rather than a careful evaluation of local case loads.

95. Medical Officers attached to operational units, where family violence problems are believed to be most intense, are often on their first posting and are relatively inexperienced - some respondents believe the military medical branch uses this type of posting as a gatekeeping period that must be endured prior to more significant postings.

96. Generally speaking, the frequency of postings among professionals in the key groups dealing with violence is a substantial barrier to better cooperation. In the absence of

established procedures for sharing information and managing responses, personnel at local sites develop their own strategies and teams. These must be constantly revised as professional personnel are posted.

WEAK SUPPORT FOR RESERVISTS

97. If it is difficult to estimate the prevalence of violence among full-time military personnel and their families it is essentially impossible to do so among Reservists. It is also more problematic to identify the "military nexus" of violence in a reserve family. It is fair to say, however, that much attention has been paid in recent years to providing services to families during deployments, but the same is not true for individual Reservists and augmentees and their families.

WEAK SUPPORT FOR MALES

98. This study is devoted to examining the provision of services to family violence and violence against women, and recognition of the scope and intensity of the problem has been long in coming in Canadian society and in the CF. Increasing attention is being devoted to a similarly hidden problem that affects some families and service members - violent and abusive behaviour toward males. While abuse of male spouses clearly occurs, recognition of this is not high among service providers, several of whom expressed disdain during the interview for this study for men who would endure or report abuse from a female spouse. While the systems that are in place to deal with family violence do not expressly prohibit assistance to abused male spouses, they are in practice designed to help women and dependents and there is very limited support or understanding for the problems of abused males. Additionally, several respondents noted a dearth of adequate treatment programs for abusive males. Some who have attempted pilot programs report

a severe unwillingness on the part of unit personnel to allow members with a propensity to violence to be released from the unit to attend treatment groups. While referrals to civil services for abused males are often available, the same resistance comes from units and the civil services frequently do not, in the view of some respondents, adequately address key military aspects of the problem during treatment. Debates surrounding the validity of current concerns in this area and the propriety of devoting scarce and shrinking resources to what most service providers believe is a relatively small problem compared to that of violence against families and women continue and are beyond the scope of this study.

RECOMMENDATIONS

99. Most respondents to this study identified shrinking resources as a key barrier to improving services in support of military families and women who experience violence. A range of other critical barriers were also identified, and respondents were asked to propose practical strategies to defeat these. The recommended strategies are listed in this section.

100. This study has not been a program evaluation, we have not conducted an analysis of service delivery programs and have not completed cost-benefit tests that would support a definitive strategy for change. Instead, we have limited our data collection to the views of experienced service providers and have expressly sought the widest possible range of ideas and suggestions from them. The recommendations listed below are provided without respect to cost and are intended to stimulate creative thinking about how we can better address the violence problem as well as identify pragmatic strategies. These are listed below in no particular order.

- **Shift Overall Policy Orientation of Service Provision Away from Policing/Treatment Toward Prevention** - at all levels of decision-making, and across all key service provision groups

- **Coordinate Allocation of Service Provision Resources** - ensure 1) expertise in family violence/violence against women exists among service providers at large sites; 2) the initial contact agency responsible for coordinating the response to violence is identified at every site and this role is communicated to personnel and their families; 4) a female service provider from one of the key treatment groups 4) female service providers available is available, ideally on a duty basis; and 4) primary language service provision is appropriately available

- **Develop a Confidentiality/Privacy Protocol in Cases of Family Violence and Violence Against Women for All Service Provision Groups**

- **Provide Formal Training in Family Violence/Violence Against Women to All Chaplains and Padres Upon Entrance** - propose 2 week MP package on violence (taught at Borden) be modified for administration to Chaplains

- **Mandatory Early Career Financial Planning Training for All Personnel** - either at the first post-initial training promotion or upon marriage or declaration of common-law

- **Establish Consistent Baseline Services Package** - potentially including: financial assistance, shelter availability, counselling or effective referral, anger management course, family violence telephone hotline, military family information on community cable television

- **Enhance Awareness/Education Among Leaders** - affirm the need for awareness of family problems among subordinates, and provide education on what action should be taken when violence is reported or suspected

- **Develop Consistent and Comprehensive Data Collection and Case Management Records Strategies Among Service Provision Groups**

- **Establish National Source of Information for Service Providers** - identify a single agency or service group tasked with, among other strategies: the circulation of newsletters, communication of best-practices, facilitation of conferences and net-working among all service providers engaged in dealing with the problem of CF family violence and violence against women

- **Establish Oversight Strategy for Military Family Resource Centres** - examine practices, services, and programs to ensure maximum inclusiveness across the spouse/family population and emphasis on increasing the independence of spouses is embedded in core programs (true empowerment rather than encouragement of

dependence)

- **Re-Examine Trends in the Reduction of the Domain of the Military Police and Resist Further Exclusion of MP's from Military Families in General and PMQs in Particular**

- **Evaluate the Potential Utility of a CF Program for Abusive/Violent Males** - examine the feasibility of establishing analogous to alcohol programs - encourage males with problems in early stages to self-identify - shared sense of common problem with other military personnel in a treatment group is very beneficial and is not possible in civilian groups

- **Evaluate Policies and Services Regarding Divorce/Common-Law Separation** - civilian spouses who are dependent upon a military spouse's income many miles from their homes and families are less likely to leave an abusive relationship. Two available options for consideration are the payment of relocation expenses by DND to move the civilian spouse back home, and the provision by DND of legal services for civilian spouses seeking divorce/separation from a military spouse

- **Consolidate "Defence Team" Services** - examine increasing role/requirements of civilians, reserves, and cadets - specify domains of service provision responsibility

- **Examine Preventive Loan Provisions with Respect to Civilian Spouse** - at present, civilian spouses cannot apply for assistance without the knowledge and participation of the military spouse

- **Amend Post-Deployment Services to Incorporate Family Transition Module** - deal with problem of tension around re-integration of assertive male in female-headed home - this should be family-based, rather than directed only at the returning member

- **Emphasize Facilitation of Local Solutions in Conjunction with Zero-Tolerance Policy** - encourage local service providers to seek and employ unique solutions to deal with local contingencies (examples are listed in Annex B), while providing clear and appropriate national protocols and guidelines

- **Establish Family Crisis Intervention Teams or Protocols at Large Sites** - initial response to an incident should be coordinated so appropriate resources are directed at each problem

- **Establish Protocol to Provide Stress Treatments to Service Providers Dealing with Extreme Cases of Family Violence**

- **Identify Quarters/PMQs for Short-Term Shelters at All Sites**

SUMMARY

101. A Senior Committee on Family Violence and Violence Against Women (SCFV/VAW) was established in DND to oversee all initiatives in these areas in the CF. The Senior Committee tasked the Directorate of Social and Economic Analysis (DSEA) in December 1994 to conduct a study accomplishing the following: identify the nature and rate of violence in the CF community using existing data sources; examine the causes of violence; assess the manner in which DND collects and disseminates information in this area; and assemble relevant existing Canadian and international studies of military family violence and violence against women.

102. The results of the DSEA study are presented in two reports. The first examined all statistical data and data sources and explored causes of violence identified in published literatures and studies. In this, the second report, the findings generated from a series of more than 40 intensive interviews conducted with experienced CF service providers are summarized. Interviews were conducted at NDHQ, CFSU Ottawa, CFB Trenton, CFB Halifax, and CFB Gagetown in 1995.

103. The aim of this data collection was to formally acquire and assemble input from CF personnel with extensive day-to-day and policy-making experience in the family violence and violence against women domain. Their perspectives are contained in this report, and provide a portrait of:

- The dimensions of the violence problem in the contemporary CF;
- How the CF responds to violent incidents;

- Weaknesses in the CF response; and
- How the provision of services can be improved.

104. No clear consensus emerged among respondents on the extent or intensity of violence presently found in the military community. Rather, respondents identified critical military factors which serve to either increase the likelihood of violence among personnel and their families (such as spousal separations; stress; the military pay freeze and difficulties obtaining employment for civilian spouses, etc.) or reduce it (decreased tolerance of alcohol abuse; greater awareness of the problem; improved personnel screening; etc.). The process through which violent incidents come to light is found to be complex, with an unknown proportion being hidden and the remainder being reported through a multitude of agencies and authorities, both military and civilian. While there are strengths in the manner in which the CF deals with violence, respondents identify a range of crucial barriers to the effective delivery of services and, ultimately, in the reduction of the rate of violence.

105. The dominant weakness is **Poor Coordination of Response**, in which agencies and offices are often unable to act in concert to ensure appropriate resources are directed at a problem. Doubts regarding the **Quality of Civilian Services** in response to problems among military personnel and their families are also key, as is the continuing **Fear of Retribution in Reporting Violence** on the part of some spouses and military women. A series of recommendations are identified (without cost estimates) to stimulate new approaches to the manner in which the CF deals with this problem.

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ANNEX A
To ORD-R-9701
Dated November 1997

ANNEX A: Agencies and Personnel Providing Qualitative Data

CFB Trenton

1. Father A. Guevremont
2. Wing Alcohol Counsellor - Mr R. Mageau
3. Wing Administrative Officer - LCol Cromwell
4. Padre M. Canning (P)
5. Community Health Nurse - Capt P. Chretien
6. Wing Commander - Col Krall
7. Regional Social Work Officer - Maj Doyle
8. Family Resource Centre - Ms M.A. LaRose
9. Wing Financial Counsellor - Ms K. Hargreaves
10. Wing Security and Military Police Officer - Capt Ferguson

CFB Gagetown

11. Social Work Officer - Capt M. Wilson
12. RSM - CTC Gagetown

13. CTC Surgeon - Maj M.E. Fensom

14. Chaplain (P) - Capt B. Wentzel/Capt S. Moore

15. Military Police

16. Medical Officer - Capt Wahl

17. Oromocto RCMP - Constable Francis

18. Padre (RC)

19. Military Family Resource Centre - E. Murphy

20. Alcohol Treatment Officer

21. PSO - Maj W. King

CFB Halifax

22. Base Civilian Personnel Officer (BCPO) - Mr. J. Stewart

23. B Chaplain (RC) - LCdr Gagné

24. Chaplain (P) - LCol Murray

25. Military Family Resource Centre - LCDR Oracheski

26. Commandant Naval Operations School (CFNOS) - Cdr Doucette

28. MARCOM SSO - LCol Fraser

29. BSurg - Halifax - LCol Dubinsky

30. CFNES Naval Engineering School - LCdr Jollymore

31. BADO - Cdr Tanguay

32. MP - Maj Little

33. B Chap (P) - Maj Yager

34. B Comd - Capt (N) Bowers

35. B Chief - CWO Corn

NDHQ/CFSU Ottawa

36. Chaplain General (RC) NDHQ - Cdr Marchand

37. DMFS - LCol J. Jamieson, L. Climie

38. Director of Health and Treatment Services - Social Workers

39. Director Pastoral Activities (P) Ottawa - Chaplain Fairlie

40. DPCA, Director Personnel Careers Administration, Ottawa - Cdr Desnoyers

41. Family Resource Centre Ottawa, Crisis Counsellor

42. Military Police, Ottawa

43. NDMC, Family Resource Centre, Ottawa

ANNEX B
To ORD-R-9701
Dated November 1997

ANNEX B: Examples of Local Initiatives

Agency: Military Family Resource Center, CFB Trenton.
Issue: Violence against Francophone women.
Initiative: Conduct of a needs assessment of services provided to deal with the specific violence problems endured by Francophone women in the Trenton area served by the MFRC. Statistics on incidence were collected, focus groups were conducted, and surveys were administered.

Agency: Air Command Chaplains.
Issue: Lack of information on nature and intensity of family violence in Air Command.
Initiative: Design and administration of a survey to Air Command Chaplains examining frequency of family violence; causal factors; perceptions of the effectiveness of programs; and, among other issues, the professional role of the Chaplain in dealing with violence.

Agency: CFB Trenton.
Issue: Need to coordinate resources in treating family violence.
Initiative: Identification of all "Community Components" involved in dealing with violence; promulgation of services listing and encouragement of reduction of duplication.

Agency: Central Region (DCOS Med).

Issue: Need to determine most effective and efficient method for managing family violence in Central Region.

Initiative: A range of policy and practices evaluations designed to identify the incidence of family violence problems in Central Region and the efficacy of policies and practices in preventing and treating violent incidents.

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At the request of the Senior Committee on Family Violence and Violence Against Women, the Directorate of Social and Economic Analysis conducted a study on family violence and violence against women in the CF. The findings of the study are contained in two reports. The first explored causes and statistical incidence of violence in the CF through a review of published literature and of existing studies and sources of quantitative data (ORD Report 9602, "Military Family Violence and Violence Against Women: Causes and Incidence", August 1996). In this, the second report, qualitative evidence gathered through interviews with personnel from NDHQ and a selection of Bases who have key roles in identifying and dealing with violence among CF personnel and their families is presented.

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